

Department of Labor and Economic Growth/Equal Opportunity Office
3024 W. Grand Blvd. - #12/350 611 W. Ottawa – PO Box 30004
Detroit, MI 48202 Lansing, MI 48909

PHYSICIAN'S STATEMENT
SUPPORTING EMPLOYEE'S REQUEST FOR RESASONABLE ACCOMMODATION
OR ERGONOMIC ASSESSMENT

Physician Please Complete the Following:

1. Patient's name: _____
2. Diagnosis: _____

3. Prognosis: _____

4. Recommended Accommodation: _____

5. Date When Employee's Condition Will No Longer Be Limiting: _____
6. Additional Comments: _____

7. Physician's Name, Address, and Telephone Number: _____

Employee Signature: _____ Date: _____
My signature above denotes I have authorized the release of medical information to my employer.

Physician's Signature: _____ Date: _____

NOTE: This information will be retained in a separate confidential file in the DLEG Equal Opportunity Office.